PART B - FEE(S) TRANSMITTAL

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23460	7590	07/14/2010
LEYDIG V	OIT & MAY	YER, LTD
		AZA, SUITE 4900
180 NORTH	STETSON A	VENUE

SILING DATE

CHICAGO, IL 60601-6731

APPLICATION NO.

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(Depositor's name (Signature) (Date) FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO

4742

00/835 288 04/13/2001 Robert L. Beck 265007 TITLE OF INVENTION: WORK SPACE MANAGEMENT AND FURNITURE SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO.	\$1510	\$300	\$0	\$1810	10/14/2010
EXA	MINER	ART UNIT	CLASS-SUBCLASS			
CHEN	JOSE V	3637	108-050010			
. Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence		For printing on the patent front page, list (I) the names of up to 3 registered patent attorney or agents OR, alternatively,		_{leys} [Leydig,	Voit & Mayer	
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(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer umber is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

Herman Miller Inc.

Zeeland, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government

- 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: A check is enclosed. 🛭 Issue Fee Publication Fcc (No small entity discount permitted)
 - Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-1216 (enclose an extra copy of this form). Advance Order - # of Copies _ 5. Change in Entity Status (from status indicated above)

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the recurds of the United States Patent and Trademark Office.

23,2010 Authorized Signature Registration No. 30.874 Charles H. Mottier Typed or printed name

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